

[illegible]

ORIGINAL FILING

AMENDED FILING

REPORTING PERIOD: From	To
------------------------	----

FULL NAME OF CANDIDATE
COMPLETE MAILING ADDRESS <i>(Include City, State, Zip Code)</i>

**COMPLETE DESCRIPTION
OF OFFICE SOUGHT
(Required)**

- | | |
|--|---------------------------|
| | Initial Report |
| | Periodic Report |
| | Closing Report |
| | No transactions in period |

PRIMARY

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\$	
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\$	
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\$	

GENERAL

\$ _____

\$ _____

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-- \$ _____

\$ _____

-- \$ _____

\$ _____

GENERAL

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--	\$	_____
	\$	_____
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	\$	_____

CERTIFICATION

I, _____, _____, certify the foregoing report of campaign finances with
Name Title
 all attachments is complete and correct to the best of my knowledge, in accordance with Montana Code Annotated Title 13, chapter 37.

Signature

NOTE: Report MUST BE SIGNED by the candidate or candidate's treasurer whose name is on the Statement of Candidate form on file in the office of the Commissioner of Political Practices.

SCHEDULE A. Receipts – This Reporting Period			In-Kind Description & Value PRIMARY GENERAL		Cash or Check Amount PRIMARY GENERAL		Total to Date Amount PRIMARY GENERAL	
1. Candidate's Personal Contributions								
2. Contributions Less Than \$35 Each								
3. Loans Creditor's full name/complete mailing address <u>REQUIRED</u>	Occupation & Employer <u>REQUIRED</u>	Loan Date <u>Required</u>						
	Occupation Employer							
	Occupation Employer							
	Occupation Employer							
4. Interest, Rebates, Refunds, Fundraisers, and Other Miscellaneous Receipts (Describe)		Date <u>Required</u>						
TOTAL RECEIPTS THIS PAGE								

SCHEDULE A. Receipts – This Reporting Period (continued)		In-Kind Description & Value		Cash or Check Amount		Total to Date Amount	
		PRIMARY	GENERAL	PRIMARY	GENERAL	PRIMARY	GENERAL
5. Political Action Committee Contributions Committee's <u>full registered name</u> and complete mailing address <u>REQUIRED</u>	Date Received <u>Required</u>						
_____ Registered Name _____ Address _____ City, State, Zip Code							
_____ Registered Name _____ Address _____ City, State, Zip Code							
_____ Registered Name _____ Address _____ City, State, Zip Code							
_____ Registered Name _____ Address _____ City, State, Zip Code							
_____ Registered Name _____ Address _____ City, State, Zip Code							
TOTAL RECEIPTS THIS PAGE							

SCHEDULE A. Receipts – This Reporting Period (continued)	Date Received	In-Kind Description & Value		Cash or Check Amount		Total to Date Amount	
		PRIMARY	GENERAL	PRIMARY	GENERAL	PRIMARY	GENERAL
6. Political Party Committee Contributions Full name & complete mailing address <i>REQUIRED</i>	Date <i>Required</i>						
_____ Name _____ Address _____ City, State, Zip Code							
_____ Name _____ Address _____ City, State, Zip Code							
_____ Name _____ Address _____ City, State, Zip Code							
7. Incidental Committee Contributions Full name & complete mailing address <i>REQUIRED</i>	Date <i>Required</i>						
_____ Name _____ Address _____ City, State, Zip Code							
8. Other Political Committee Contributions Full name & complete mailing address <i>REQUIRED</i>	Date <i>Required</i>						
_____ Name _____ Address _____ City, State, Zip Code							
TOTAL RECEIPTS THIS PAGE							

SCHEDULE A. Receipts – This Reporting Period (continued)							
9. Individual Contributors of \$35 or More <u>REQUIRED:</u> ONE NAME ONLY FOR EACH CONTRIBUTION Full name, complete mailing address, occupation, & employer		In-Kind Description & Value PRIMARY GENERAL		Cash or Check Amount PRIMARY GENERAL		Total to Date Amount PRIMARY GENERAL	
Name _____ Address _____ City, State, Zip Code _____	Occupation _____ Employer _____						
Name _____ Address _____ City, State, Zip Code _____	Occupation _____ Employer _____						
Name _____ Address _____ City, State, Zip Code _____	Occupation _____ Employer _____						
Name _____ Address _____ City, State, Zip Code _____	Occupation _____ Employer _____						
Name _____ Address _____ City, State, Zip Code _____	Occupation _____ Employer _____						
TOTAL RECEIPTS THIS PAGE							
TOTAL RECEIPTS THIS REPORTING PERIOD <u>Include ALL of Schedule A (Sections 1 - 9) in this total</u>							

SCHEDULE B. Expenditures – This Reporting Period	Purpose	Date	Amount	
			PRIMARY	GENERAL
1. PETTY CASH Expenditures (TOTAL THIS PERIOD)				
2. All Other Expenditures Full name and complete mailing address of each payee <u>REQUIRED</u>				
Name _____ Address _____ City, State, Zip Code _____				
Name _____ Address _____ City, State, Zip Code _____				
Name _____ Address _____ City, State, Zip Code _____				
Name _____ Address _____ City, State, Zip Code _____				
Name _____ Address _____ City, State, Zip Code _____				
TOTAL EXPENDITURES THIS PAGE--INCLUDING PETTY CASH				
TOTAL EXPENDITURES THIS REPORTING PERIOD ALL of Schedule B (Sections 1 & 2) in this total				

SCHEDULE C. Debts and Loans Not Yet Paid				
Full name and complete mailing address of each creditor <u>REQUIRED</u>	Purpose	Date Incurred	Balance Due	
			PRIMARY	GENERAL
_____ Name _____ Address _____ City, State, Zip Code				
_____ Name _____ Address _____ City, State, Zip Code				
_____ Name _____ Address _____ City, State, Zip Code				

SCHEDULE D. Utilize this section to report <u>corrections</u> to receipts, contributions, and expenditures <u>reported on a prior report</u>.			
Originally Reported on DATE SCHEDULE		As Originally Reported	Explain Correction